## 2004 FOR PROFIT CORPORATION REINSTATEMENT

	INCHIOLA	Y S PIAIPIA I			Proc E 1 proc proc	
DOCUMENT # P03000019866					FILED	
1. Entity Name TRUE KINGS, INC.				05	JAN 31 PH 3: 20	<b>'</b> ;
THOE KINGS, INC.						1
			GOO W	SE(	JKE JAKI '. JATE LADACCES SEGDEN	
Principal Plac	e of Business ON STREET, SUITE FRONT	Mailing Address 6241 DAWSON STREET, S	HITE EDONT	IAL		かじつ
HOLLYWOOD		HOLLYWOOD, FL 33023	OHE TROM	ar in the state of	INIEMSE 10 1	
					A 2000 TITTO A DIEN ADOM DENIE BOOK WENE TOLE	
2. Principal P	lace of Business	3. Mailing Address	A1 ./a			
Suite, Apt.	# elc.	4302 Holly www c	BLVD			116
<	Suite#231	Quite #331	<u> </u>	10192004	REIN-P CR2E09	98 (6/04)
City & State	e Liand EL.	Holl Ywood I	51.	4. FEI Numbe	043737745	Applied For Not Applicable
Zip	Country	Zip	Country	5. Certificate	of Status Desired	8.75 Additional
.3302	6. Name and Address of Current	D C C C V	L, 5,		Address of New Registered Ag	ee Required
		iogistoros Agent	Name			
	JOSEPH NII /SON STREET, SUITE FRONT		Street A	ddress (P.O. Box Numbe	er is Not Acceptable)	<u></u>
HOLLYWOOD, FL 33023						
			City			Zip Code
			City		FL FL	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE 12-15-04						
SignATURE Signature, typed or printed name of registered agent and filld if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE						
/FIL	LE NOWIII FEE IS \$150.00				In accordance with s. 607.1	93(2)(b) ES the
	nuary 1, 20 <del>05, Fee will be</del> \$300.0	0		:	corporation did not receive	
10.	OFFICERS AND	DIRECTORS	11.		CHANGES TO OFFICERS AND (	DIRECTORS IN 11
TITLE NAME	DPS TAPPER, JOSEPH N II	☐ Delete	TITLE NAME	PRESIDENT		Change Addition
STREET ADDRESS	6241 DAWSON STREET, SUITE	FRONT	STREET ADDRESS	4302 HOL	-YNOOD BLVD. SU	UITE#331
CITY-ST-ZIP	HOLLYWOOD, FL 33023		CITY-ST-ZIP	HOTTAMOO	0, FL, 33021	
TITLE NAME	VT TAPPER, JOSEPH N II	☐ Delete	TITLE NAME		ON, CHARLES.	Change Addition
STREET ADDRESS	6241 DAWSON STREET, SUITE	FRONT	STREET ADDRESS	14302 HO	TAMOOD BINE	1, SUITTE 33
CITY-ST-ZIP	HOLLYWOOD, FL 33023		CITY-ST-ZIP	HOLLYWOOD	,FL. 33021	Chrone D Addition
TITLE NAME		☐ Delete	TITLE NAME			☐ Change ☐ Addition
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP		□ Delete	CITY-ST-ZIP			Change Addition
NAME	,	Delete	NAME	01	<b>700044046</b> /05/0501010 <b>-</b> -02	4 ** 158 75
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	017	.02%02 .01010 .05	7 4-4100210
TITLE		☐ Delete	TITLE			Change Addition
NAME	•	12 200.0	NAME		<mark>7000440</mark> 46 03/0501009019	
STREET ADDRESS CATY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	02/	03/0501009015	» **15U.UU
TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Delete	TITLE			Change Addition
			NAME			
NAME STREET ADDRESS						-
NAME STREET ADORESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP			
STREET ADDRESS CITY-ST-ZIP 12. I hereby	certify that the information supplied with	this filling does not qualify for the	STREET ADDRESS CITY-ST-ZIP ne exemption sta	ted in Section 119.07(3)	i), Florida Statutes. I further certii	y that the information
STREET ADDRESS CITY-ST-ZIP 12. I hereby indicated of the cor	i on this report or supplemental report is rporation or the receiver or trustee empo	strue and accurate and that my owered to execute this report as	STREET ADDRESS CITY-ST-ZIP ne exemption sta signature shall h	nave the same legal offec	ct as if made under oath; that I ar	n an officer or director
STREET ADDRESS CITY-ST-ZIP 12. I hereby indicated of the cor	on this report or supplemental report is rporation or the receiver or trustee emporal , or on an attachment with an address, we can be considered to the constant of the con	strue and accurate and that my owered to execute this report as	STREET ADDRESS CITY-ST-ZIP ne exemption sta signature shall h	nave the same legal offec	ct as if made under oath; that I ar	n an officer or director



**TK Communications** 4302 Hollywood Boulevard, #331 Hollywood, Florida 33021

Division of Corporations PO Box 6327 Tallahassee, FL 32314

December 31, 200

To Whom It May Concern:

Please accept or corporation reinstatement payment in the amount of \$158.75 when it arrives in your office. We suspect that it will arrive after January 1, 2005. Due to our involvement in humicane relief efforts we were unable to send the payment off in time. Please accept our apologies and feel free to

Sincerely,

Joseph Fapper II

Óperations Manager

(954) 274-1552/(954) 322-0524

Enclosures (2)